

UNITED STATES DISTRICT COURT

for the
Southern District of IllinoisSCANNED AT MENARD and E-mailed
11-4-19 by PS 92 pages
date initials No.Brian Doyle B41630

Plaintiff(s)/Petitioner(s)

v.

Steve Ritz M.D. Wexford
Health Sources Incorporated

Defendant(s)/Respondent(s)

19-1210-JPG

 CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

 CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

 CIVIL COMPLAINT

pursuant to the Federal Tort Claims Act, 28 U.S.C.

§§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

Brian Doyle
Menard Correction Center
P.O. Box 1000
Menard, IL 62259

Defendant #1:

- B. Defendant Steve Ritz is employed as

(a) (Name of First Defendant)

Utilization Manager

(b) (Position/Title)

with Wexford Health Sources Incorporated

(c) (Employer's Name and Address)

Foster Plaza 4 - 501 Holiday Drive
Pittsburgh, PA 15220

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? Yes No

If your answer is YES, briefly explain:

Defendant #2:

C. Defendant Wexford Health Sources Incorporated is employed as

(Name of Second Defendant)

Health Care Provider
(Position/Title)

with Wexford Health Sources INC.
(Employer's Name and Address)
Same As Above (Pittsburgh, PA 15220)

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? Yes No

If you answer is YES, briefly explain:

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? Yes No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. You must list ALL lawsuits in any jurisdiction, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:

Plaintiff(s):

Defendant(s):

2. Court (if federal court, name of the district; if state court, name of the county):

3. Docket number:

4. Name of Judge to whom case was assigned:

5. Type of case (for example: Was it a habeas corpus or civil rights action?):

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate date of filing lawsuit:

8. Approximate date of disposition:

9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?"

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? Yes No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes No

C. If your answer is YES,

1. What steps did you take? *Over 20 years I've
filed multiple grievances*

2. What was the result? *most I was told that I had
been given the treatment my staff deemed appropriate
And most recently I finally received some relief
As described in the back drop of the complaint*

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? Yes No

F. If your answer is YES,

1. What steps did you take?

*I first submitted grievance to counselor, Then
grievance officer and exhausted to A.R.B*

2. What was the result?

See above at A.B.C

- G. If your answer is NO, explain why not.
- H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

GENERAL CLAIM

PLAINTIFF CONTENDS THAT FOR 20 years DUE TO PRISON OFFICIALS IN-
ADEQUATE TREATMENTS HE HAS BEEN FORCED TO LIVE WITH WHAT MEDICAL PERSONNEL
HAVE DIAGNOSED AS A CHRONICALLY "SUPER" INFECTED DRaining OCCIPITAL
SCALP WOUND AT THE BASE OF HIS NECK (ie Right above the Neck)

PRESENTATION

PLAINTIFF SUBMITS he will brief his Eighth Amendment VIOLATIONS
TOWARDS THE BACK DROP¹ OF THE COMPLAINT AS IN THE EFFORT TO MAKE IT
EASIER TO EVALUATE HIS CLAIM. PLAINTIFF FIRST QUOTES MENARD NURSE
PRACTITIONER CHRISTINE LINDSAY (one of PLAINTIFF'S PRIMARY "TREATERS")
AUGUST 30, 2018 "MEDICAL SPECIAL SERVICES REFERRAL AND REPORT" AS THE
REPORT VIRTUALLY GIVES A GLOBAL SUMMARY OF PLAINTIFF'S PLIGHT AND/OR
REASON FOR FILING THE INSTANT CIVIL RIGHTS ACTION

NURSE PRACTITIONER REFERRAL AND REPORT

REFERRED TO: Wound Care Center TO evaluate and treat

RATIONALE FOR REFERRAL: PT has occipital wound for 20 years with

¹ BACK DROP STARTS AT PAGE SIX LAST PARAGRAPH

Chronic Super Infection with multiple sinus tracks PT is A diabetic
Last high A1c was 7-25-18 Last eval. by A surgeon was 2/24/17
Who wanted A Follow up.

FINDINGS: Chronic Occipital infection with draining sinus tracks.
X 20 years has had AN INCISION / Drainage ON SITE 1999 and 2010
he has continued to drain off and on in spite of all conservative
treatment. He has daily dressings changes with each new re opening He
uses chlorhexidine soap for multiple years

ASSESSMENT: Last collegial² From 8/14/18 recommended doxycycline
for 4-6 weeks. This patient has been treated multiple times with
multiple Antibiotics including Minocycline, LEVAQUIN, and Bactrim

RECOMMENDATION/PLANS: Request A wound care Referral
For this patient. There is A wound care center located close in
O'Fallon Illinois Through St. Elizabeths Hospital (END OF QUOTE
TO 8/30/18 Report

Plaintiff Asserts That Christine LMSay also submitted A "Med-
ical Special Services Referral and Report on behalf of the Plaintiff
ON October 18, 2018 Due to the August 30, 2018 Referral being denied
That is A virtual Duplicate To the August 30, 2018 Referral merely
Adding That Treatments Listed Above is Just From The LAST two years
(Exhibit 1 dates 8/30/18 and 10/18/18 At Two)

² A collegial is A referral for special treatment most often off
Prison Grounds

ADDITIONAL MEDICAL BACK GROUND

On July 6, 2018 Medical Technician Logs in Plaintiff's medical records Dressing Change Performed wound still open with Brown drainage inmate states he hasn't seen a doctor - very concerned about his wound, I put him on a Doctor call line to be seen.

On July 11, 2018 Menard Medical Director Dr. Siddiqui IN summary logs ... 20 year chronic INFECTED D/wound has been on antibiotics for years no change noted - Refer - For A Collogian to consider wide excision

On October 12, 2018 Nurse Logs daily head cleaning wound cleaned with Sterile Saline and betadine no change with wound fluid build up still happening and spreading to Face and under eye with no improvement

ON Dates 10/16/18 through 11/4/18 medical (not always the same staff) staff generally logs in Posterior Scalp Remains swollen and tender to touch with drainage Area cleansed with Betadine solution, with dressing applied.

ON November 6, 2018 STAFF logs Chronic soft tissue infection x 20 years Occipital Area now expanded into Cheeks and Jaw

THE BACK DROP/COUNT ONE

The Following Briefs "Wexford" And Dr. Steve Ritz conduct for repeatedly selecting Blatant ineffective courses of treatment spending for a number of years resulting in the Plaintiff enduring severe physical and psychological pain, in violation of the Eighth Amendment.

Plaintiff submits that when the on site Prison medical Director or his approved staff (A Nurse Practitioner) submits a referral for a prisoner to be treated off prison grounds by a specialist, it is the Utilization Management Physician³ (often referred to as the "Corporate Director") who approves or denies the referral. If the UMP denies a referral often times the UMP will order an alternative treatment plan (ATP) that in most cases will continue to be carried out on prison grounds; when a referral is submitted to the UMP by prison medical personnel the prisoners relevant medical records attaches (EX 1 date 8/30/18 At 3)

Here the above referenced 8/30/18 and 10/18/18 and several more "Medical Special Services Referral and Report" (Referrals here on) were repeatedly denied by Defendant Bitz.

In denying the referrals the defendant's comments were as follows
 Patient with chronic folliculitis of occipital area with recurrent suppurative infection x 20 years. Multiple draining sinus tracts.
 I&D (Incision and drainage) done on site in 1999 and 2010.
 No improvement despite conservative measures including chlorhexidine soap for several years, daily dressing changes, multiple ABX including multiple trials of minocycline, Levoquin, and Bactrim, culture and saline (CES) done 7-15-18 after Bactrim x 2 weeks showing many *Proteus Mirabilis*, rare MRSA, many gram positive organisms in 3 varieties, few gram positive rods. Requesting wound care clinic at St. Elizabeths Hospital. Service is not authorized at this time ATP

³ UMP here on

Made to discuss with Dr. Siddiqui (EX 1. Date 9/7/18 see 9180
Date 10/26/18)

Plaintiff Asserts IN the 20 years he has had the above described serious medical condition He has had Approximately FOUR IED done ON Prison Grounds. However Prison STAFF that on Prison Grounds They can only Perform "minor" Incision (cuts) into the SKIN which has proven to be ineffective as they cannot cut deep enough (i.e. Perform A "Full Blow" operation because I would need to be put Asleep via General Anesthesia) and remove enough OF the infected Tissue TO finally cure the infection, moreover Prison STAFF have explained that they would not even be able to close the type of incision I would have after such an incision AS I would need A SKIN LIFT (i.e. Plastic Surgery AFTER such an operation). Accordingly Prison STAFF HAS Submitted Numerous referrals (approximately 8 in just the last 3 or so years) for Plaintiff to see by A wound care specialist for a surgery consultation, netting ONLY three approvals, the first off site surgery consultation Plaintiff had was in December 2016, which was approved by the defendant on November 14, 2016 where in his comments were quote 11-11-16 Request for general surgery consult and diag. of occipital Scalp Abscess with chronic draining SINUS TRACKS PMH of IED in the past, without improvement with conservative treatment on site approved by Dr. Ritz (EX 1 Date 11/14/16

Plaintiff submit the off site "specialist" Requested for plastic surgery consult due to the depth (i.e. severity) of the surgery he would need, which was approved by Ump Garcia whose comments: Were quote "Request For Plastic Surgery Consult s/p evaluation by general surgery r/t recurrent + infectious scalp cyst with sinus tracts and abscess (chronic), by surgeon recommending evaluation by PS... Approved by Dr. Garcia (EX 1 date 1/30/17)

Here Both of the above listed off grounds specialist explained to the Plaintiff and briefed to prison officials (the defendant) what needed to be done (A deep wide excision and skin lift, See Med/Records EX 1 dates [most recent] 4/19/18 and 7/01/18) AND MORE IMPORTANT, Both specialist requested follow up appointments which defendant Ritz denied (See EX 1 At 3/06/17 for his "Comments").

Plaintiff submits due to the severity of his condition (i.e. infection) prison staff and the plaintiff filed an appeal and re-submits a referral both of which were again denied by the defendant (See EX 1 dates 4/3/17 Thru 4/5/17 for "Comments").

Plaintiff submits that even after the April 3, 2017 Denial, Approximately Eight more referrals were submitted FROM THEN UP until the present and the defendant denied each one of them NOT WITHSTANDING THAT THE ON SITE medical director THOROUGHLY EXPLAINED THAT THE A T P FAILED (EX 1 Date 9/26/18) CON 11/06/18 Plaintiff's INFECTION became so ⁴ see medical records dates 11/03/17, 7/20/18, 8/03/18, 8/10/18, 9/28/18

Severe Prison Staff admitted Plaintiff into the Infirmary where he had to be placed on an "IV Drip" (See EX 1 At 11/06/18 with staff noting that Plaintiff had infection/swelling in back of Head and in his Face).

Plaintiff was not discharged from Prison Hospital (Infirmary) until 11/17/18

Plaintiff submits shortly after being discharged his soft tissue infection returned on 12/11/18 prompting staff to submit yet another referral and appeal to the previous denials of the defendant on Plaintiff's behalf (on 12/17/18 defendant again denied the referral)

Finally the plaintiff and prison staff wins an appeal, the Ill. Dept. of Correction releases a medical memorandum that reads as follows ... Date February 13, 2019, To Offender Brian Doyle, B41630 ... Subject: Collegial Appeal ... Offender Doyle B41630 I am in receipt of your letter and as the Acting Health Care Unit Administrator I submitted a Collegial Appeal that included your history regarding your medical issue to Dr. Meeks, State Medical Director. Dr. Meeks agrees that you need definitive treatment. Once we receive the Authorization Number from Wexford you will be scheduled with general/plastic surgeon signed Dr. Siddiqui Facility medical Director and Angela Crain RN - Director of Nurses (See EX 1 At 3/22/19 see also Exhibit 2 placed behind medical records for memo)

Plaintiff asserts shortly after winning his appeal he was sent off site to St. Joseph medical facility where an ultrasound was performed cyst/abscess (occipital region scalp) to determine depth

The FINGS: Are As follows Real-time ultrasound examination demonstrates within the occipital scalp and base of the neck, there is A area of Subcutaneous heterogeneous fluid, located 9 mm from the skin surface, extends horizontally for 16 cm and Cephalocaudal dimension of 5.3 cm, has a maximum thickness of 8 mm

IMPRESSION 1. Subcutaneous Fluid Collection with in the Occipital Scalp As described above, different diagnosis include, Seroma versus hematoma Versus Recurrent Abscess (EX 1 At 6/20/19)

Plaintiff contends that the ultrasound results reveal he had A year of fluid build up not with standing in the year prior to the ultrasound plaintiff's Occipital Scalp had Repeatedly open on its own and drained within the previous year. Moreover prison staff had performed I & D on Plaintiff's scalp in the preceding year, Plaintiff points premise the support of his medical deliberate indifference claim before the court is that it is obvious even to a lay person that his infection has never been cured for well over a decade (possibly two decades) even the rare times the chronic abscess closed - Rather the "Super Active infections" Cultures repeatedly revealed Plaintiff had several active organisms at one time over the years) Merely laid dormant

Arguably Plaintiff's wound should have never been allowed to close with an active "Super Infection" in the first place hence the need for the Plaintiff to have long since one year -

ago) been under the care of A wound care specialist AS A Doctor the defendant's new better and selected reported less efficacious courses of treatment for years that were uncontroversially proven to be ineffective long before Plaintiff won his Appeal

Plaintiff submits his due diligence in trying to get adequate treatment includes writing TO Wexford Health Sources INC.

The "Risk Management Department Responded AS follows... We are in receipt of your recent letter. Please remember to follow the established sick call process and convenience procedure at the facility to have your medical concerns addressed.

Please be assured that the medical STAFF AT menard C.C. IS Comprised of qualified and dedicated professionals who are there to assist medical needs (EX. 3)

Here "Wexford" made the above claim in response to Plaintiff's letter yet the Company Repeatedly Denied menard, C.C. medical staff Repeated PLEAS (i.e. Referrals) for Plaintiff to be treated by A "specialist" Although his condition plainly on its face called for him to be under the treatment of A wound care Specialist

Plaintiff contends that due to the defendant's deliberate indifference his pain is On Going. He suffers from physical pain AND psychological pain. His daily activities are greatly effected and he has an on going poor quality of life even by nerve logical standards, AS FOR TWO decades he has had to almost continually AFFIX huge gauze pad AND band aids TO THE BACK OF HIS HEAD, the hardship of A continual "dressing" Includes

being uncomfortable. Lack of adequate sleep, Anxiety for Prison movements (Yard, Gym, Chow/dining Room, Commissary ETC) TO EXPLAIN Hard Periods Are Approximately Three hours Thus IF Plaintiff only APPLIES ONE or TWO Gauze Pads AND A Band Aid (i.e. one Band Aid) He Faces A RISK OF LEAKAGE OR the Drainage being Plainly visible Through the Dressing, IF Plaintiff APPLIES Numerous Gauze Pads he needs more Tape or Band Aids to Attempt to Keep the Gauze Pads in place. Plaintiff submits the "BULK" of A "multi" Pad dressing is uncomfortable if impedes his Exercise the pads in the middle of HIS dressing often SLIPS OUT OF the dressing OR Partially slips out- Prisoners comment / Ruled the Plaintiff when he uses Yard or Gym equipment (For example if the Plaintiff Lays Flat Down on A Bench to Perform Bench Presses Prisoners have routinely stated to him "Hey man that's not alright that you are laying your Head on A Bench that everyone else has to use with that Dressing on your Head -"you can see the drainage starts almost SOAKING THROUGH -OR- it has SOAKED THROUGH -we can easily contract what you have like that"), No one wants to sit at A dining Table and eat with the Plaintiff - He has had several "run ins" (altercations) with Cellmates which he has alerted officials of (EX 1 date 10/12/18 demonstrates he pleads with STAFF to be housed in A "one man cell"); the above listed is only the list of Plaintiff's hardships,

COUNT TWO

Details Defendants Steve Ritz, AND Wexford Health Sources

Incorporated Conduct For Exhibiting Deliberate Indifference To Plaintiff's serious medical need to be housed in a "single man" cell

As described above, Plaintiff suffers from a chronic abscess, and sharing a cell with another prisoner has contributed to Plaintiff's abscess being continually infected. Plaintiff submits in prison, (Menard) prisoners are allowed to shower two or three times a week depending upon the unit they are housed. Prisoners must bathe in their cell sinks, do laundry, wash bowls and cups (i.e. basic eating utensils), shoes, etc. Prisoners are not allowed to possess or buy germ killing products such as bleach which would be needed to keep a cell sink germ free as so to allow Plaintiff to wash his face and affected area of his head without being exposed to further infection or prolonging the infection Plaintiff has. The medical presentation above demonstrates that cultures reveal Plaintiff was infected with multiple organisms at once on numerous occasions.

Here medical records (which are written in shorthand) clearly demonstrate Plaintiff CONVEYED to medical staff he was having issues with cell mates, that were NOT very hygienic. He was often on the verge of having physical altercations, etc. And he needed to be issued a medical special needs permit for a "one man cell".

Here what is so egregious about the defendant's failure to act is that Plaintiff has been admitted into the prison hospital

⁵ During Level one lockdown prisoners often don't get to shower for the first 7 days and once a week thereafter

For weeks at a time at which point his wound will display some improvement only to turn and be sent to the cell house to be housed with another prisoner (Arguably placing him and the uninfected prisoner in harms way)

Plaintiff asserts that the defendants conduct is counter productive to the very treatment orders/instructions they gave in that the defendants gave him sterile dressings, (many over the years) changes only to send him to live in unsanitary conditions and like wise with telling him (plaintiff) to keep his weight down to control his diabetes, but most of the time plaintiff's wound is so inflamed coupled with heavy drainage due to his being forced to live in unsafe conditions (i.e. with a cell mate) that he is unable to attend yard/gym to carryout the very exercise medical staff have instructed for him to carryout (perform). The reality is often times plaintiff limited his "recreational movements because he smells of infection (yet another "hardship") and was avoiding the risk of physical altercations.

Plaintiff submits that he routinely has to deal with his fellow prisoners making comments about letting them go first on the phones which are located in the cell houses, gyms, and prison yards (here the plaintiff could go on and on about the hardships of living with a chronically infected abscess in the back of his head for twenty years). Here plaintiff's condition plainly called for him to be single celled to prevent such confusions described above (i.e. plaintiff should not always have

To go back and forth with cellmates about who was he's
up first, who uses the phone first etc.

COUNT THREE

Wexford Health Sources Incorporated and Steve Ritz Has An
Unconstitutional Practice / Custom Of Refusing To Honor
Specialist Treatment Plans

It is well settled state and federal law requires prison
institutions to provide prisoners with reasonable medical
care in compliance with prisoners Eighth Amendment Rights
and that if on site medical staff are not capable of providing
a care (the medical care) that a prisoner needs they (prison
officers) must make arrangements for a prisoner to be
treated by a "specialist" on or away from prison grounds.
Plaintiff contends that "Wexford" and Defendant Ritz have
a "practice of sending prisoners to see "specialist" and then
refusing to carry out their treatment plans which often
times include not even sending the prisoner back for the
follow up appointments that the "specialist" schedules after
request. Plaintiff premise is that this is a fraud perpetrated
by the defendants to make it appear that they are in compliance
with state and federal law - However the reality is that it

The Defendants are not going to adhere to "specialist" treatment plans, The defendants in effect moots the fact that they even sent a prisoner to a specialist in the first place, this is what occurred here and if the court allows Plaintiff to proceed he will supply the court with numerous sworn affidavits with prisoners testifying that the above mentioned has occurred to them (Putting it another way - The defendants make it appear on paper that they are in compliance with the law when it is a facade)

COUNT FOUR

Wexford Health Sources Inc. and Steve Ritz violated Plaintiff's Eighth Amendment Right To Receive Adequate medical treatment when they refused to carry out the "specialist" treatment plans and refuse to listen to on site medical staff's repeated recommendations

Plaintiff respectfully ask that the court allow him to incorporate the above briefings into Count Four by Reference as oppose to been redundant with his presentation

6 m

EXHIBITS IN SUPPORT OF COMPLAINT

- 1) Relevant medical records
- 2) Memorandum / Grievance Appeal
- 3) Wexford's Response Letter to Plaintiff
- 4) Plaintiff's most recent relevant grievance

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

Requires Punitive & Compensatory Damages To be determined
in the future As the case is further developed, and
for Injunctive Relief with the Court ordering that the
Plaintiff Receives the treatments that would SpecifiC
Instruct he needs (the Surgery and Skins off as describe
in the complaint)

VI. JURY DEMAND (check one box below)

The plaintiff does does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Date Drafted
Signed October 21, 2019
on: (date)

P.O.B 1000
Street Address
Menard, IL 62259
City, State, Zip

Brian Doyle
Signature of Plaintiff
Printed Name
Brian Doyle
Prisoner Register Number
841630

Signature of Attorney (if any)



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
prisoner.esl@ilsd.uscourts.gov

E-MAILED NOV 04 2019

ELECTRONIC FILING COVER SHEET

Please complete this form and include it when submitting any type of document, letter, pleading, etc. to the U.S. District Court for the Southern District of Illinois for review and filing.

Doyle

Name

B4163D

ID Number

Please answer questions as thoroughly as possible and circle yes or no where indicated.

1. Is this a new civil rights complaint or habeas corpus petition? Yes or No

If this is a habeas case, please circle the related statute: 28 U.S.C. 2241 or 28 U.S.C. 2254

2. Is this an Amended Complaint or an Amended Habeas Petition? Yes or No

If yes, please list case number: N/A

If yes, but you do not know the case number mark here: _____

3. Should this document be filed in a pending case? Yes or No

If yes, please list case number: N/A

If yes, but you do not know the case number mark here: _____

4. Please list the total number of pages being transmitted: 92

5. If multiple documents, please identify each document and the number of pages for each document. For example: Motion to Proceed In Forma Pauperis, 6 pages; Complaint, 28 pages.

	Name of Document	Number of Pages
- Complaint		<u>20</u>
- Exhibits		<u>65</u>
- Notice of Filing		<u>1</u>
- Motion To Proceed Without Costs,		
- Trust Fund Statements & Certification		<u>6</u>

Please note that discovery requests and responses are NOT to be filed, and should be forwarded to the attorney(s) of record. Discovery materials sent to the Court will be returned unfiled.

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Wen

Center

Offender Information:

Doye

Last Name

Brown

First Name

MI

BY1630

Date/Time	Subjective, Objective, Assessment	Plans
8/27/09 1:05	MD NOTES	
WT 208lb BP 128/84 P 70 R 18	S: I have an open sore at the back of my head. O: A chronic open sore of the occipital scalp. Probable Infected sebaceous cyst with spontaneous rupture with constant drainage.	for possible excision of chronic draining Sebaceous cyst under local anesthesia. For excision of Chronic Infected cyst 8/28/09
T 99	A: Possible chronic draining Infected sebaceous cyst.	S. NWAOBASI M.D.
8/28/09	MD NOTES	See in 2 weeks
9:30 AM	Pre-op Dx: Chronic Draining Abscess W/cr Occipital Scalp	Vibramycin 100mg p.o.
128/86 74 18	Post op. Same	p.o. BID x 14 day
98 8	Opn: Debridement of Abscess ulcer Wound Culture Iodoform wound packing	Motrin 400mg p.o. BID x 10 days Lay in. for 5 days
		Dressing change every other day

COPY

Distribution: Offender's Medical Record

Printed on Recycled Paper

S. NWAOBASI

M.D.

DOC 0084 (EF 9/2002)
(Replaces DC 7147)

62

J. Sherry

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

RECEIVED

AUG 17 2018

Chen Center

Offender Information:

Douglas Brown

Last Name

First Name

ID#: B 41635

MI

Date/Time	RN NOTE Subjective, Objective, Assessment	Plans
9-3-09	S- of	P-LPM
9AM	O-For drug A - Cleaned & VS + Bandaid applied	
	A-Drug A	Emergency
9/4/09	<u>RN NOTE</u>	
10AM	G: Sched for call line for flu open sore O: No need to see today. Should already have flu appt in 1 week. week as previously A: not seen	P: Cont drug A as ordered. Flu in 1 Scheduled
		Scratch PW
9/6/09	<u>Care</u>	
1130 ^A	s) Inadequate for drug A o) Area closed in H2O & s/s of urtic - A) Drug A.	p) Area not held yel. w/ice 1-2. Lysol
		COPY

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard
Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
2/6/16	PW note	
9AM	S - "It dont drain nothin'" O - I/m seen on nurse sick call for dressing cto abscess to back of neck. Area is size of pen head that is open that is white + firm & S drainage but skin around this is firm & swollen for approx 5-6 cm around this head. I/m instructed not to scratch it. + to keep it covered at all times	P - Refer to MD for I&D of area
	A - Suspect MRS of infection	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

MCC

Center

RECEIVED

AUG 17 2018

Offender Information:

Doufe

Last Name

Brian

First Name

ID#:

041630

Mi

Date/Time	Subjective, Objective, Assessment	Plans
2/7/16 8:50am S/T	<p><i>W/ Note</i></p> <p>i) I'm seen in outpatient changes as ordered time for dressing change.</p> <p>Bumps to back of neck are getting smaller. No drainage noted at this time. Area cleaned with Betadine and normal saline - Replaced band- aid to care. Will continue to monitor.</p> <p>A.) Dressing Change</p>	<p>b) Continue dressings</p> <p><i>SLuk R/L</i></p>

RECEIVED

DEC 11 2018

MENARD CC
GRIEVANCE SECTION

Ex-1 Date 11/14/16

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

DELIVERED NOV 14 2016

Date/Time: 11/14/2016 08:20:17

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 995438753

Based upon a review of the information provided, Service is Approved.

Comments:

11-11-16 Request for general surgery consult and evaluation of occipital scalp cyst/abscess with chronic draining sinus tracks, PMH of I&D in the past, without improvement with conservative treatment onsite approved by Dr. Ritz in collegial with Dr. Trost. No IQ.

From: Dedicated Utilization Management

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Foster Plaza4 - 501 Holiday Drive - Pittsburgh, PA 15220
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412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

Date 1/30/17

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

DELIVERED JAN 30 2017

Date/Time: 01/30/2017 08:39:21

Subject: Inmate Name: DOYLE, BRIAN

Inmate Number: B41630

Site: MENARD

Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Authorization ID: 253292932

Based upon a review of the information provided, Service is Approved.

Comments:

1-27-17 Request for Plastic Surgery consult s/p evaluation by general surgery r/t recurrent infectious scalp cyst with sinus tracts and abscess (chronic), GS recommending evaluation by PS approved by Dr. Garcia in collegial with Dr. Trost. No IQ.

From: Dedicated Utilization Management

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

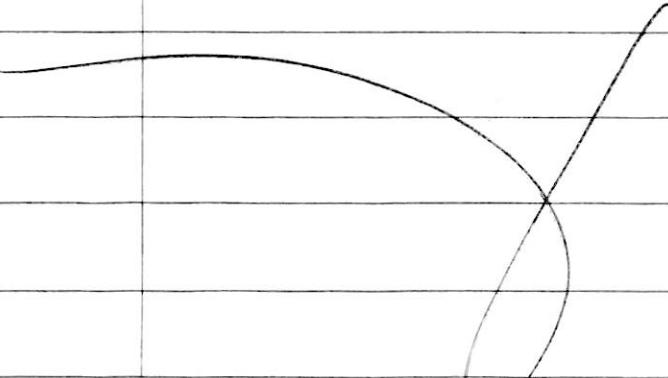
Menard Correctional

Center

Offender Information:

Doyle Brian ID#: B41163D

Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
2-3-17	<p>Med Furlough Clerk Note:</p> <p>9:15 am P/T has been scheduled for a plastic surgery consult on 2/24/17 at 9:00 am at Lincoln Surgical - Memorial Office 4550 Memorial Dr., Ste 350, Bellville, pl Ph. 618-234-3173.</p> <p>Cust. 253292932.</p> <p>Christie Mallin Med Furlgh OA</p> 	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Meredith

Center

Offender Information: Dade Brian [Redacted] [Redacted]

Date/Time	Subjective, Objective, Assessment	Plans
2/16/17 RN Note 2/16/17 S:O	830PM: Death States Complete Med Duloxys sched. for Aurora Sauer 4) Med Duloxys	Doc E Med Duloxys Duke

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Service Referral Denial or Revision

Offender's Name: Doyle, Brian ID# B41630

Referral Date: 3-2-17

Initial Proposed Course of Action: Your case was discussed in collegial by Dr. Trost for a plastic surgery follow up.

Alternative Care Recommended: Dr. Ritz, Wexford UM, had denied this referral. Dr. Ritz would like case to be evaluated on-site by Dr. Trost to ensure current treatment is controlling symptoms. Re-visit case in one month.

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 Ill. Adm. Code 504: Subpart F.

R. Matticks M.D.

Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

Distribution: Offender, Offender's Medical File, and
Health Care Unit Administrator

(Printed on Recycled Paper)

DOC 0255 (Eff.4/2007)

3/6/17

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 03/06/2017 16:37:07
Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

DELIVERED MAR 07 2017

99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

IM pt. with recurrent infectious scalp cyst with sinus tracts and abscess (chronic). Referred to Plastics by gen surg. Was seen by Plastics 2/24/17, no surgical intervention; recommended conservative treatment and f/u. Discussed in collegial with Dr. Ritz and Dr. Trost. Alternative plan made to evaluate on site and ensure that current treatment is effective at managing symptoms. Will re-evaluate in one month.

From:

Dedicated Utilization Management Physician

-
2. Appeal Filed (Date/Time)
a. Appeal Information

Signature of Appellant

- b.Appealed Decision:

From:

Dedicated Utilization Management Physician

5. I want a second opinion of the denied appeal.
Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

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ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Dante

Last Name

Brian

First Name

B41680

MI

Date/Time	Subjective, Objective, Assessment	Plans
3/6/17	Med Fullough Clerk Note: 1210P Pt was presented to collegial for a plastic surgery Flu. Referral denied. Dr. Ritz, Nexford UH, wants pt to be re-evaluated in early April to see if medication is working and if flu is needed.	
	Christie Mall Med Fullough Clerk	
3/17/17	Pt Date 730A 2:0	P) Review
	P: MOU for Collegial Review of Surgery Not Seen No Procedure _____	E Review
	H) MOU	



Offender Outpatient Progress Notes

Menard Correctional Center

RECEIVED

AUG 17 2013

Offender Information:

Doyle

Last Name

Brian

First Name

MI

B411630

Date/Time

Elizabeth A. Renaker-Jansen, D.O.

PHYSICIAN AND SURGEON
 340 WEST LINCOLN, SUITE 500
 BELLEVILLE, ILLINOIS 62220
 Phone Office: (618) 277-7400

FOR Brian Doyle

ADDRESS

DATE

2/24/17

R Doxycycline 100mg
 Sig: 1 tab po bd x 2 wks

 MAY NOT SUBSTITUTE

M.D.

Disp # 28

 MAY SUBSTITUTE

REFILL:

NON.	TIMES	AD. LIB.
1	1	1

Elizabeth A. Renaker-Jansen, D.O.

PHYSICIAN AND SURGEON
 340 WEST LINCOLN, SUITE 500
 BELLEVILLE, ILLINOIS 62220
 Phone Office: (618) 277-7400

N 2
1-66

FOR Brian Doyle

ADDRESS

DATE

2/24/17

R Chlorhexidine body wash

Sig: wash with suds daily to scalp
 Disp #1 bottle

 MAY NOT SUBSTITUTE

M.D.

 MAY SUBSTITUTE

REFILL:

NON.	TIMES	AD. LIB.
1	1	1

RECEIVED
DEC 11 2018MENARD CC
GRIEVANCE OFFICE

Distribution: Offen

DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Service Referral Denial or Revision

Offender's Name: Doyle, Brian ID# B41630

ID# B41630

Referral Date: 4-3-17

Initial Proposed Course of Action: Your case was re-discussed in collegial for a plastic surgery follow up.

Alternative Care Recommended: Dr. Ritz, Wexford UM, has reviewed this referral and has recommended patient continue current treatment onsite.

The offender has the right to appeal any adverse decisions through the grievance procedure outlined in 20 Ill. Adm. Code 504: Subpart F.

Dr. Siddiqui

Print Facility Medical Director's Name

H. Soddy

Facility Medical Director's Signature

4-10-17

Date _____

Distribution: Offender, Offender's Medical File, and
Health Care Unit Administrator

(Printed on Recycled Paper)

DOC 0255 (Eff.4/2007)

4/4/17

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 04/04/2017 16:13:13

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99213 OFFICE/OUTPATIENT VISIT EST

DRAFTED APR 05 2017

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

IM pt. with recurrent infectious scalp cyst with sinus tracts and abscess (chronic). Referred to Plastics by gen surg. Was seen by Plastics 2/24/17, no surgical intervention; recommended conservative treatment and f/u. Discussed in collegial with Dr. Ritz and Dr. Trost. Alternative plan made to evaluate on site and ensure that current treatment is effective at managing symptoms. Will re-evaluate in one month.

From: Dedicated Utilization Management Physician

-
2. Appeal Filed (Date/Time) 04/04/2017 09:26:06

a. Appeal Information

Supporting information received. Case reviewed by Dr. Ritz. ATP to continue current treatment onsite. Return to collegial with worsening of symptoms.

Signature of Appellant

b. Appealed Decision: DENIAL 03/06/2017

From: Dedicated Utilization Management Physician

5. I want a second opinion of the denied appeal.

Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

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Offender Outpatient Progress Notes

Menard Correctional

Center

RECEIVED

AUG 17 2018

Offender Information:

Doyle

Last Name

Bnan

First Name

MI

ID#: B411630

Date/Time	Subjective, Objective, Assessment	Plans
4/5/17	Med Furlough Clerk Note: 1220P pt case was reviewed again for a plastic surgery FLU. Case was reviewed by Dr. Tutz, Wauke uni, and was recommended to continue current tx onsite. CMalinen, Med Furlough Clerk	
4/7/17	MJ JR	
125	slata forward ATP	S: please schedule next 2wk to re-eval
		R. Matticks M.D.

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DEC 11 2018

Distribution: Offender's Medical Record

39
Printed on Recycled Paper

30

MENARD CC
GRIEVANCE OFFICEDOC 0084 (Eff. 9/2002
(Replaces DC 7147)

Offender Outpatient Progress Notes

Menard Correctional

Center

RECEIVED

AUG 17 2013

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
10/27/17	No Hidradenitis follicularis	
14/9/0	in recurrent abscess	
98/7/6	Previously seen by	
81	Surgeon advised	
18	Excision	
#230	Desires to see surgeon	
	O/E large skin folds	
	Occipital area	
	No active infection	
	Refer to Colloidal	
	Siddiq	

RECEIVED

DEC 11 2018

MENARD GRIEVANCE CENTER

DOC 0084 (Eff. 9/2002)
(Replaces DC 7147)

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 11/03/2017 15:47:09

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99213 OFFICE/OUTPATIENT VISIT EST

DELIVERED 11/03/2017

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

IM pt. with recurrent infectious scalp cyst with sinus tracts and abscess (chronic). Referred to Plastics by gen surg. Was seen by Plastics 2/24/17, no surgical intervention; recommended conservative treatment and f/u. Discussed in collegial with Dr. Ritz and Dr. Trost. Alternative plan made to evaluate on site and ensure that current treatment is effective at managing symptoms. Will re-evaluate in one month.

From: Dedicated Utilization Management Physician

2. Appeal Filed (Date/Time) 11/03/2017 10:50:37

a. Appeal Information

Request for Plastics F/U reviewed in collegial between Dr. Smith and Dr. Siddiqui. ATP made to continue conservative management onsite. Plastics recommended no surgical interventions at last visit.

Signature of Appellant

b.Appealed Decision: DENIAL 03/06/2017

From: Dr. Smith
Dedicated Utilization Management Physician

i. I want a second opinion of the denied appeal.

Signature: _____ Date/Time: _____

j. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

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WEXFORD HEALTH SOURCES

Case resolved during 8/11/18
Collegial.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 07/20/2018 15:32:45
Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99213 OFFICE/OUTPATIENT VISIT EST

ATP'd for Chlorhexidine soap
to area daily and Doxycycline
x4-6 weeks.

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:
OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time.

Request for Plastics eval reviewed by Dr. Ritz. ATP made to discuss at next collegial with current exam details.

From: Dr. Ritz
Dedicated Utilization Management Physician

2. Appeal Filed (Date/Time)
a. Appeal Information

8/11/18 9A -
Chronic infection
evaluated for
Scalp - surgical
exposure

S. Rodriguez, M.D.
Signature of Appellant

From: _____
Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.
Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

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Appeal Denied ATP upheld
J. Johnson 8/19/18

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 08/03/2018 15:25:39

DELIVERED AUG 06 2018

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time.

Request for Plastics eval reviewed by Dr. Ritz. ATP made to discuss at next collegial with current exam details.

From:

Dedicated Utilization Management Physician

2. Appeal Filed (Date/Time) 08/03/2018 09:57:54

a. Appeal Information

Case reviewed by Dr. Ritz. Discussion needed. Site unable to do collegial discussion this week. Plan made to discuss during collegial next week.

Signature of Appellant

From:

Dr. Ritz

Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.

Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

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WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 08/10/2018 15:46:52

DELIVERED AUG 13 2018

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99213 OFFICE/OUTPATIENT VISIT EST

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time.

Request for Plastics eval reviewed by Dr. Ritz. ATP made to discuss at next collegial with current exam details.

From: _____
Dedicated Utilization Management Physician

2. Appeal Filed (Date/Time) 08/10/2018 08:58:33
a. Appeal Information

Case discussed in collegial between Dr. Ritz and Dr. Siddiqui. ATP made to wash area with Chlorhexidine soap daily and start Doxycycline x 4-6 weeks. Conservative management already recommended by surgeon.

Signature of Appellant

From: Dr. Ritz
Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.

Signature: _____

Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____

Date/Time: _____

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9/26/18

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Menard CC
(Facility)

Offender's Name: Doxle, Brian ID# B41630

Reason for Referral: Consult Non-Formulary Medications Medical Equipment
 Evaluation Management
 Procedure/service (specify) _____
 Other (specify) _____

Urgent: Yes No

Referred to: _____

Rationale for Referral: Chronic lymphadenitis occipital

area - previously operated 2009 -

Has swelling Bulging occipital area tender

No drainage - needs surgery

Print Referring Practitioner's Name Dr. M. Siddiqui

Referring Practitioner's Signature Siddiqui

Date 9/26/18

Findings: AT P = failed

Report of Referral (Use Reverse Side, if necessary)

Assessment: _____

Recommendations/Plans: _____

Print Practitioner's Name _____ Practitioner's Signature _____ Date _____

Facility Medical Director Use Only _____

I have reviewed the recommendations and:

- Approve.
- Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name _____ Facility Medical Director's Signature _____ Date _____

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 09/28/2018 15:44:46

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99203 OFFICE/OUTPATIENT VISIT NEW

DELIVERED 09/28/2018

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, last A1c was 8.8 on 7-25-18.

Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including mutliple trials of minocyclin, Levaquin, and Bactrim. C&S done 7-5-18 after Bactrim x 2 weeks showing many Proteus mirabilis, rare MRSA, many gram positive organisms in 3 varieties, few gram positive rods. Requesting wound care clinic at St. Elizabeths Hospital.

Request for Wound Care eval reviewed by Dr. Ritz. ATP made to discuss with Dr. Siddiqui when he returns. Continue to treat onsite

From: Dedicated Utilization Management Physician

2. Appeal Filed (Date/Time) 09/28/2018 14:47:23

a. Appeal Information

Case discussed between Dr. Ritz and Dr. Siddiqui. ATP made to continue to treat onsite. Currently no open areas on exam. Re-present for wound care telemed if wounds re-open.

Signature of Appellant

From: Dr. Ritz
Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.

Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Date 8/30/18

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and ReportMenard Correctional Center
(Facility)

Offender's Name: Doyle, Brian ID# B41630

Reason for Referral: Consult Non-Formulary Medications Medical Equipment
 Evaluation Management
 Procedure/service (specify)
 Other (specify) Wound Care Center

Urgent: Yes No

(1) Referred to: Wound Care Center to eval and treat

Rationale for Referral: Pt has occipital wound >20 years with chronic superinfection with multiple sinus tracks. Pt is an TDDM last Hgb A1C was 7-25-18 at 8.8. Last review by a surgeon was 2/24/17 who wanted F/U.

Dr. M. Siddiqui
Print Referring Practitioner's NameChristine Lindsay FNP-C
Referring Practitioner's Signature8-30-18
Date

(2) Findings: Chronic occipital infection with draining sinus tract >20 years. He has had an I&D on site 1999 & 2010. He has continued to drain off & on in spite of all conservative treatment. He has daily dressing changes with each new Al opening. He uses chlorhexidine soap for multiple years.

Assessment: Last colleague from 8/14/18 recommended Doxycycline for 4-6 wks. This patient has been treated multiple times with multiple antibiotics including minocycline, Levaguan Bactrim. Last dose was Bactrim DS BID x 2 wks.

(3) Recommendations/Plans: See attached culture and sensitivity from wound 7-5-18

Request a Wound Care Referral for this patient. There is a wound care center located close in O'Fallon Illinois through St Elizabeth Hosp - ASHS. Christine Lindsay Lindsay FNP-C 8-30-18

Print Practitioner's Name

Christine Lindsay
Practitioner's Signature

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

 Approve. Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.Dr. M. Siddiqui
Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

EX Date 9/7/18

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA
 From: Utilization Management
 Date/Time: 09/07/2018 15:24:39
 Subject: Inmate Name: DOYLE, BRIAN
 Inmate Number: B41630
 Site: MENARD
 Service:

DELIVERED SEP 9 2018

99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, last A1c was 8.8 on 7-25-18.

Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including mutliple trials of minocyclin, Levaquin, and Bactrim. C&S done 7-5-18 after Bactrim x 2 weeks showing many Proteus mirabilis, rare MRSA, many gram positive organisms in 3 varieties, few gram positive rods. Requesting wound care clinic at St. Elizabeths Hospital.

Request for Wound Care eval reviewed by Dr. Ritz. ATP made to discuss with Dr. Siddiqui when he returns. Continue to treat onsite

From:

Dedicated Utilization Management Physician

- Appeal Filed (Date/Time)
 a. Appeal Information

Signature of Appellant

From:

Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.
 Signature: _____

Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
 Signature: _____

Date/Time: _____

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyce

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
10/16/18	FNP note: Review of Pt's Chart from 2/15/16 to 10/12/18 Pt has long documented Hx of 1. Uncontrolled BIP 2. Uncontrolled blood sugars 3. non-compliance with ADV meds 4. non compliance with ADV diet. 5. non compliance with ADV exercise. 6. cont repeated infections Ocupital area > 20 years	
	① - 1. Pt has refused recommended lisinopril with signed refusal for years. (C BIP 9/18/15 - 140/88 1/1/16 140/92 4/26/16 140/88 8/27/16 140/78, 10/27/17 140/90 1/5/18 158/94 9/26/18 134/84, 10/10/18 120/80 (no meds))	
	(cont)	(Mindsay FNP)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

10/16/18

Offender Information:

Doyle Brian MI ID#: B41630

Date/Time	Subjective, Objective, Assessment	Plans
10/16/18	① (cont) Pt has refused Nud/Intra in Ayr 2. Uncontrolled BS 10/15 8.7 2/19/16 8.5, 3/24/17 7.8 3/21/18 8.9, 7/18/18 8.8. #3, 4 & 5 WT 9/18/15 230 lbs 2/21/16 WT 237 9/29/17 246 8/28/18 235 PLS Weight 5.7 # 6 2016-2018 w/and 2/5/16 Seen by MD Rx Minocycline 100mg x 45 days. 8/2/16 Septra DS BID x 21 days (A) 11/1/16 Had T&D at Collegial Referral, Sent for Surgery Consult, Recommended Plastics Consult, Seen by Plastics 2/24/17 Given Minocycline 100mg BID x 2000 3/4/17 Collegial Denied Plastics Flu 4/5/17 Plastics Denied by Collegial,	
	(Cont) pg 3	Chadbury FNP/C

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

#3

Doyle

Last Name

Brian

First Name

ID#: B41430

MI

Date/Time	Subjective, Objective, Assessment	Plans
	10/27/17 Referral to Collegial for Plastics Flu Denied	
	4/28/18 Bactrim DS BID X 10 Days 7/16/18 Chgd to 250mg X 7 Levaquin - Bacteria S Susceptible to Bactrim.	
	7/11/18 Referral to Collegial for Plastics Flu for w/o excision / drainage of area	
	7/24/18 PT was Denied.	
	8/1/18 Bactrim DS BID x 2 weeks. 8/14/18 Plastics Referral Flu Denied. DR Riting Recommended Doxycycline for 4-6 wks (Tried this 8/5/18)	
	8/24/17 unsuccessful)	
	9/11/18 Collegial for wound Clindsay FNP-C	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

pg 4

Date/Time	Subjective, Objective, Assessment	Plans
(cont)	Care referral was denied	
10/31/18	On site lab	
	performed Stained m	
	Clindamycin 300 mg TID	
	x 10 days. Pt has taken	
	In the last 2 years, minocycline	
	x 2 separate times. Bactrim	
	2 times Levagin and	
	Clindamycin.	
	Pts cultures have shown	
	multiple different organisms	
	several different susceptibility	
	+ resistance.	

EX-1 10/18/18

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

Menard Correctional Center
(Facility)

Offender's Name: Doyle, Brian ID# B41636

Reason for Referral: Consult Non-Formulary Medications Medical Equipment
 Evaluation Management
 Procedure/service (specify) _____
 Other (specify) _____

Urgent: Yes No

(1) Referred to: DR Diaz, General Surgeon and Wound Specialist Highland IL
 Rationale for Referral: Pt is a diabetic with a chronic wound in the occipital area of heel. Pt has been tx with multiple antibiotics including minocycline x 45 days in 2016. Also Septra DS for 21 days in August 2016. In 2/2017 pt was given minocycline again for 14 days. On 8/11/18 he received Bactrim BID for 10 days and levagring for 7 days. 8/11/18 Bactrim x 2 weeks 10/3/18 Another I&D and placed on Clindamycin. Dr. M. Siddiqui

Print Referring Practitioner's Name

Referring Practitioner's Signature

Date

(2) Findings: For last 20 years pt has experienced a wound area back of heel with cellulitis, containing multiple different flora. The wound area has tunneled on occasion into the front jaw area under the skin. Pt has had multiple on site I+D + TX w/ antibiotics. The list above is just from the last 24 years.

Assessment:

Chronic abscess occipital area x 20 yrs - multi organism. Multiple extended antibiotics. Previous surgical intervention failed AT P multiple times recent I+D - abscesses extended

Recommendations/Plans: For pt to be evaluated by General Surgeon

(3) DR Diaz in Highland IL who is also a wound care specialist

Christine Lindsay FNP-C
Print Practitioner's Name

Lindsay FNP-C
Practitioner's Signature

10-18-18
Approved

Date

Facility Medical Director Use Only

I have reviewed the recommendations and:

Approve.

Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Dr. M. Siddiqui
Print Facility Medical Director's Name

Facility Medical Director's Signature

Date

EX1 Date 10/26/18

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
 From: Utilization Management
 Date/Time: 10/26/2018 15:55:17

DELIVERED 10/26/2018

Subject: Inmate Name: DOYLE, BRIAN
 Inmate Number: B41630
 Site: MENARD
 Service: 99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, last A1c was 8.8 on 7-25-18.

Eval'd by Plastics 2-24-17; recommended conservative management.

No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including mutliple trials of minocyclin, Levaquin, and Bactrim. C&S done 7-5-18 after Bactrim x 2 weeks showing many Proteus mirabilis, rare MRSA, many gram positive organisms in 3 varieties, few gram positive rods. Requesting wound care clinic at St. Elizabeths Hospital.

Request for Wound Care eval reviewed by Dr. Ritz. ATP made to discuss with Dr. Siddiqui when he returns. Continue to treat onsite

From: Dedicated Utilization Management Physician

Appeal Filed (Date/Time) 10/26/2018 13:08:28

a. Appeal Information

Case reviewed in collegial between Dr. Ritz and Dr. Siddiqui. Blood sugars will need to be under control before patient is a surgical candidate. ATP made to repeat A1c onsite and re-present with results.

Signature of Appellant

From: Dr. Ritz
 Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.

Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
 Signature: _____ Date/Time: _____

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brain

First Name

ID#: 641630

MI

Date/Time	Subjective, Objective, Assessment	Plans
845AM 10/12/18	FNP note: Discussed wound P- Conference w/ Colleague Care + Culture results Continued Denial Re S- Cont wound tx Compliance w/ antibiotic Pt requests single cell 2nd pts cellulitis & clearly Cont drainage mild wound care by msg	P- Conference w/ Colleague Continued Denial Re Plastics / wound Care for extension tx'd in location suitable for this. Request single cell Flu w/ FNP- no in luk
A - Soft tissue wound Cellulitis Subacute Cyst	Clinician FNP	

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle
Last Name

Brian
First Name

MI ID#: B41630

Date/Time	PN note: Subjective, Objective, Assessment	Plans
10/10/18 8	S) op dressing P) Posterior scalp cleansed c betadine + NS. ♀ drainage O) tenderness/swelling A) op PN note: S) op dressing P) Posterior scalp cleansed c betadine + NS. ♀ drainage O) tenderness/swelling A) op	P) Cln Attb (8)
10/17/18 8	S) op dressing P) Posterior scalp cleansed c betadine + NS. ♀ drainage O) tenderness/swelling A) op PN note: S) op dressing P) Posterior scalp cleansed c betadine + NS. ♀ drainage O) tenderness/swelling A) op	P) Cln Attb (8)
10/18/18 8	S) op dressing P) Posterior scalp cleansed c betadine + NS. ♀ drainage O) tenderness/swelling A) op	P) Cln Attb (8)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

A- 10/19/18

Offender Information:

Doyle

Last Name

Brain

First Name

MI

ID#: B 41630

Date/Time	Subjective, Objective, Assessment	Plans
10/19/18	OLD WLI	
8:30 AM		
132	Chronic abscess - Had incision - drained but now has stopped draining off antibiotics	
80		
16	Reported to Collegetal	
76	for wound care clinic	
W-243	NO possibility Need Skin Graft lift Deep cleanup	
10/19/18 at 8:35 AM	Diddingin M)	
	Noted Makley COTTON	

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Offender information:

Donle	Brian		ID#: B4H63D
Last Name	First Name	MI	

Date/Time	Subjective, Objective, Assessment	Plans
10/19/18 0830A	S) OP dressing △ e) Posterior scalp cleansing - betadine + NS. Paraffinage ①Tenderness/②swelling A) OP	P) CPM All W/S
10/23/18 11A	Cmt NO. 0 S) Scheduled op head Cleaning. Q/A Cleaned back of head w/ N.S. Small open area - a discharge from area at this time. O S/S of infection	P) Cont op head cleanings J) Cockrum out

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Menard Correctional Center

RECEIVED

AUG 17 2013

Offender Information:

Dagle
Last Name

Brian
First Name

ID#: B41630

Date/Time	Subjective, Objective, Assessment	Plans
7/11/13	<u>H.D Note</u> Chronic Interadnexal folliculite, for 20 yrs wt 237 138/86 98 97% 20	
	 Had drainage 1999 and again 2008 or 2010	
	 Chronic infection → Chronic drainage - Has been on antibiotics C+S - MRSA	
	 OTE Bulging area of occipital Scalp area & scar NO drainage noted Mar 16 dec Refer to collegial → to consider wide excision?	
	 Siddiqui M.D. Noted above 11/11/18	

RECEIVED

APR 18 2019 REC'D 11 2018

ADMINISTRATIVE REVIEW BOARD



ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional Center

Date 11/06/18

Repeat treatment

Offender Information:

Doyle

Brian

B41630

ID#:

Last Name

First Name

MI

Date/Time	Subjective, Objective, Assessment	Plans
10/30/18 3:02 pm	Medical Furlough Clerk Note:	
	Patient was presented in collegial on 10/25/18 by Dr. Siddiqui to Dr. Ritz, UM Wexford, for a wound care evaluation. This referral has not been approved at this time. Dr. Ritz would like an ATP made to repeat Alc onsite and re-present with results.	
	<i>E. Prange</i> E. Prange - Med Furlough Clerk	
850 am 11/06/18	FNP note S infection worse Now in flu again x 3 days last IUD only helped x 1 week Has had Alc related Collegial again Flu O- Edema jaw cheeks & back for Referral of Alc & Erythema un Rec Dr Shaw to torch mild A- Infection Face Alc	P- admit to infirm Management 500 mg IV g Shrs infuse 15-30 min 15 dgs Levagum 150mg dy x 5dgs Collegial again Flu C- Lindsay FNP-C

Menard Correctional Center

Offender Information:

Doyle

Brian

ID#: BY1630

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/01/18 1045am <i>Reale</i>	<p><u>DOCTOR INFIRMARY ADMISSION NOTE</u></p> <p>By: (Circle one): <input checked="" type="checkbox"/> MP <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> DDS Licensed Mental Health Professional</p> <p><input checked="" type="checkbox"/> ACUTE <input checked="" type="checkbox"/> CHRONIC</p> <p><u>SUBJECTIVE:</u> HISTORY: Chronic Soft tissue infection > 20 years occipital area now expanded into Cheeks & jaw last I+D 10-3-18 = DR Shaw & onsite Antibiotics previous meds + Insulin</p> <p><u>DURATION:</u> 1 edema last 3 days Start metformin 500mg IV q 8hrs infuse over 15-30 min</p> <p><u>OBJECTIVE:</u></p> <p><u>PHYSICAL EXAMINATION:</u> (+) erythema x 5 days mild edema Occipital Levaquin 750mg po bid areas of tenderness & extension x 5 days tracking into Cheeks jaw around ears bilaterally pt just completed Ref to Dr Shaw for poss Clindamycin started p I+D I+D his next clinic</p> <p><u>CURRENT CONDITION:</u> on 10/31/18</p>	<p><u>PLAN:</u></p> <p>VITAL SIGN FREQUENCY: <i>per protocol</i></p> <p><u>DIET:</u> Regular Diet</p> <p><u>ACTIVITY:</u> ap ad lib</p> <p><u>MEDICATION ORDERS:</u> Cont all</p> <p><u>OTHER ORDERS:</u> CBC & diff, Cmp Ref to Dr Shaw for poss</p>
	<u>OTHER MEDICAL CONDITIONS:</u> Diabetes	
	Hypertension	
	<u>ADMITTING</u> <u>DIAGNOSIS/ASSESSMENT</u> Soft tissue infection Occipital facial area	Lindsay FNP-C <i>Noted 11/1/18</i>

11/1/18

Menard Correctional Center

Offender Information:

Dayle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/7/18	RN Note	Plan: Continue to monitor patient.
340A	S: (Chief Complaint) ∅	Bleed to lab
	O: BP <u>all P floor sheet</u>	
	SPO2 % RA Wt.	
	Mental Status: A+Ox3	
	PERRLA: ✓	
	Heart: HRR	
	Circulation: (P)	
	Radial Pulses (+) Pedal Pulses (+)	
	Skin (Circle): Warm Cool Moist Dry Pink Pale	
	Lungs: CTA bil	
	Abdomen: soft BSx4	
	Bladder: voids	
	Wounds: (P) Dressing:	
	Pain: Scale "1-10" (0) Location:	
	S.L. (R) hand & redness or edema	
	Diagnosis Based Assessment: IVPB infuses	
	5 difficulty - acr wNL CBC diff + c/w drawn x 1 attempt	
	A: Nursing Diagnosis <u>Alt in comfort</u>	Nurse's Signature: <u>Jamie Hannan</u>

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/7/18	RN Note	Plan: Continue to monitor patient.
12p	S: (Chief Complaint) ∅ complaint voiced	
	O: BP _____ SPO ₂ _____ % RA Wt. Mental Status: A+Ox3	
	PERRLA: (=)	
	Heart: RRR	
	Circulation: (+)	
	Radial Pulses (+) Pedal Pulses (+)	
	Skin (Circle): Warm Cool Moist Dry Pink Pale	
	Lungs: CTA bilat	
	Abdomen: Soft ∅ tender BS. active 4quadrants	
	Bladder: SK voids diff	
	Wounds: ∅ Dressing: ∅	
	Pain: Scale "1-10" ∅ Location: ∅	
	Diagnosis Based Assessment: S.L to hand free from redness, warmth or edema TUPB Mephenem infused per order is diff	
	A: Nursing Diagnosis <u>Rest in comfort</u>	
	Nurse's Signature: <u>Amber</u>	

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

MI

ID#: B411630

Date/Time	Subjective, Objective, Assessment	Plans
11/12/18 7:20 AM	<p>Fr note: Soft tissue infection P- will cont Meropenem Pt had dose of Levaquin + Meropenem yesterday so pt continues to have mild-moderate edema in Operative area & around ears. facial edema gone. tissue has softened but contains some areas of hardened cystic/cystic bumps at base of heel. Pt remains afebrile Strength A Soft tissue infection tracking</p>	<p>P- will cont Meropenem 500g IV q 8hrs x 5 more days + Levaquin 750g po QD x 3 more days</p> <p>Lindsay ENAC 11-12-18 Moted O'malley</p>

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/12/18	RN NOTE S: (Chief Complaint) 12p. Ø complaints voiced	Plan: Continue to monitor patient.
	O: BP _____ P _____ R _____ T _____ SPO2 _____ See flow sheet	
	Mental Status A+Ox3	
	PERRLA: (E)	
	Heart: RRR	
	Circulation: (+)	
	Radial Pulses (+) Pedal Pulses (+)	
	Skin (Circle): Warm Cool Moist Dry Pink Pale	
	Lungs: CTA bilat	
	Abdomen: Soft + Ø tender. BS active x 4 quads	
	Bladder: S/r voids is diff	
	Wounds: Ø Dressing: Ø	
	Pain Scale "1-10" Ø Location: Ø	
	Diagnosis Based Assessment: 22G angio remains patent Ø forearm. Hemoperitoneum 500mg seen per MAR 3 clif. No redness, warmth or edema noted to site. I/m tolerated well.	
	A: Nursing Diagnosis Alt in skin	
	Integrity	Nurse's Signature Q. Moreka

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

ID#: B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/14/18 630	<u>HJD MDI</u> <u>status -</u> Discussed w Lindsay NP to get antibiotic → Chronic infection/Chronic abscess Occipital area (hidradenitis?) → To file appeal and Resubmit collegial for poss surgical intervention	
		<u>Rodriguez M)</u>
		<u>Note d/b/a R 11/14/18</u>

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brian

First Name

B41630

MI

Date/Time	Subjective, Objective, Assessment	Plans
11/14/18 11/0 am	RN NOTE S: (Chief Complaint) O: BP 134/80 P 88 R 16 T 97 SPO2 100 % RA Wt. Mental Status ADX3 PERRLA: = Heart: RRR Circulation: + Radial Pulses + Pedal Pulses + Skin (Circle): Warm Cool Moist Dry Pink Pale Lungs: CTA Bil Abdomen: Soft Non-tender Bladder: Voiding Wounds: - Dressing: - Pain: Scale "1-10" - Location: Diagnosis Based Assessment: Saline lock flushed Salif antibiotic infused 5 diff per m.s. order Denies CO	Plan: Continue to monitor patient.
	A: Nursing Diagnosis Alt in skin integrity	Nurse's Signature (Dakota)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Menard Correctional

Center

Offender Information:

<u>Doyle</u>	<u>Brian</u>	<u>MI</u>	<u>ID#:</u> <u>641630</u>
Last Name	First Name		

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Menard Correctional

Center

Offender Information:

Doyle Brian MI ID# BY1630

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Menard Correctional

Center

Offender Information:

Doyle

Last Name

Brown

First Name

MI

ID#: B41630

Date/Time	Subjective, Objective, Assessment	Plans
1130 am 12/11/18	FNDRATE: Return of 235 Soft tissue infection w/1 dry Doxyceptac	Ref ATP on 8/14/18
89	OCCIPITAL AREA NONCOMP Again C Disl -> exercise has refiss.	X4am
12/17/18	S-(+) ↑ of edema) C	ear Recently tx C
97.4	Tissue hardening -NO Pain having occasional & Leverage Discharge is ok x1wk Collegial appeal Issue edema in face Lubriderm bid AM x14/15	IV meperipain
	mild ST remains	
	aFbrile (but dry skin)	
	A - Soft tissue	
	Infection Chronic	Cindsay FNP

ILLINOIS DEPARTMENT OF CORRECTIONS
Medical Special Services Referral and Report

12/11/18

Menard Correctional Center
(Facility)

Offender's Name: Doyle Brian ID# B41630

Reason for Referral: Consult Non-Formulary Medications Medical Equipment
 Evaluation Management
 Procedure/service (specify) _____
 Other (specify) _____

Urgent: Yes No

Referred to: General Surgery Hospital Clinic

Rationale for Referral: another appeal following appeal denied from 10-26-18.

Since notes 10/16/18 pt was placed on meropenem 500mg IV q 8hrs X 16 days + levofloxacin 750mg PO q12hr x 16 days. Symptoms improved significantly & pt did 11-10-18. Pt had return of symptoms on 12-5-18 and on 12-11-18 started doxycycline po d. Dr. M. Siddiqui

Print Referring Practitioner's Name

Referring Practitioner's Signature

Date

Report of Referral (Use Reverse Side, if necessary)

Findings: Last Hgb AIC 11-5-18 9.1 pt remains on DPA 700g (70/30) 30 Units B12

Assessment: _____

Recommendations/Plans: _____

Print Practitioner's Name _____ Practitioner's Signature _____ Date _____

Facility Medical Director Use Only

I have reviewed the recommendations and:

- Approve.
- Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Dr. M. Siddiqui _____
Print Facility Medical Director's Name _____ Facility Medical Director's Signature _____ Date _____

Distribution: Offender's Medical File, and
if denied/revised, Health Care Unit Administrator

12/17/18

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 12/17/2018 16:00:50
Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service: 99203 OFFICE

DELIVERED DEC 18 2018

Based upon a review of the information provided, it is my medical opinion that:

1. The above requested service is not authorized at this time based on the following:
OTHER TREATMENT PLAN

Comments:

12-14-18 Received request for gen surg eval for a patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, A1c was 8.8 on 7-25-18. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including mutliple trials of minocyclin, Levaquin, and Bactrim. Discussed in collegial with Dr. Ritz and Dr. Siddiqui and agreed to ATP for better A1C control (latest A1C 9.1 on 11/5/18), and doxycycline x 3-4 months. There is no obvious abscess.

From: Dedicated Utilization Management Physician

Dr Rity

2. Appeal Filed (Date/Time)
a. Appeal Information

Signature of Appellant

From: Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.
Signature: _____ Date/Time: _____

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: _____ Date/Time: _____

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Date 3/22/19

Appeal Granted

WEXFORD HEALTH SOURCES INC.

To: Site Medical Director & HSA
From: Utilization Management
Date/Time: 03/22/2019 15:52:15

DELIVERED MAR 25 2019

Subject: Inmate Name: DOYLE, BRIAN
Inmate Number: B41630
Site: MENARD
Service:

99203 OFFICE/OUTPATIENT VISIT NEW

Based upon a review of the information provided, it is my medical opinion that:
1. The above requested service is not authorized at this time based on the following:

OTHER TREATMENT PLAN

Comments:

12-14-18 Received request for gen surg eval for a patient with chronic folliculitis of occipital area with recurrent superactive infection x 20 years. Multiple draining sinus tracts. I&D done onsite in 1999 and 2010. Hx of IDDM, A1c was 8.8 on 7-25-18. Eval'd by Plastics 2-24-17; recommended conservative management. No surgical intervention done at that time. No improvement despite conservative measures including chlorhexidine soap x several years, daily dressing changes, multiple abx including mutliple trials of minocyclin, Levaquin, and Bactrim. Discussed in collegial with Dr. Ritz and Dr. Siddiqui and agreed to ATP for better A1C control (latest A1C 9.1 on 11/5/18), and doxycycline x 3-4 months. There is no obvious abscess.

From:

Dedicated Utilization Management Physician

2. Appeal Filed (Date/Time) 03/22/2019 12:07:49
a. Appeal Information

Case reviewed by Dr. Meeks. Approved for Gen Surg Eval.

Auth 807628522

Signature of Appellant

From:

Dr. Miller

Dedicated Utilization Management Physician

5. I want a second opinion of the alternate plan.
Signature:

6. I will re-consult upon completion of alternate medical plan, if indicated.
Signature: Date/Time:
Date/Time:

INFORMATION CONTAINED IN THIS DOCUMENT IS PRIVILEGED AND CONFIDENTIAL

Foster Plaza 4 - 501 Holiday Drive - Pittsburgh, PA 15220
377-939-2884 or 800-353-8384 - Phone 412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

Facility Information**B41630**

Service Area	Address	City	State	Zip Code
HSHS IL	4936 LaVerna Road	SPRINGFIELD	IL	62707

PERFORMING DEPT: St. Joseph's Ultrasound

Patient Information

Patient Name	Sex	DOB	Home Phone
Doyle, Brian (58559881)	Male	9/19/1968	999-999-9999

Order Information

Order Date	Study Date	Ordering Provider
6/20/2019	6/20/2019	DIAZ, JOSE A

Results

US SOFT TISS HEAD OR NECK (Order 166204511)

Additional

Details	Routing

6/20/2019 10:27 AM - User, Interface883307**Result Info**

Result Status	Authenticating Provider	Date	Time
Final result	GELMAN, MIGUEL A	6/20/2019	10:26 AM

Study Result**IMAGING STUDIES: US-SOFT TISS HEAD OR NECK****DATE: 6/20/2019 9:41 AM****COMPARISON STUDIES:** No previous exams available**CLINICAL HISTORY:** cyst- to determine depth . Occipital region, scalp.**FINDINGS:****Real-time ultrasound examination performed by the ultrasonographer demonstrates:**

Within the occipital scalp and base of the neck, this is a year of subcutaneous heterogeneous fluid, located 9 mm from the skin surface, extends horizontally for 16 cm and cephalocaudal dimension of 5.3 cm, has a maximum thickness of 8 mm.

IMPRESSION:

- Subcutaneous fluid collection within the occipital scalp as described above, differential diagnosis include seroma versus hematoma versus

Doyle, Brian (MR # 58559881)

Encounter Date: 06/20/2019

Electronically Signed By: Miguel Gelman on 6/20/2019 10:26 AM
Interpreted By: Miguel Gelman, 6/20/2019 10:23 AM

Imaging

US SOFT TISS HEAD OR NECK (Order: 166204511) - 6/20/2019

Order Questions

Question	Answer	Comment
What Hospital Division will the patient go to for their test	HSHS SID	
What site in HSHS SID will the patient want their study/test?	SJH - St. Joseph - Highland	
Related History and Symptoms:	cyst	
Is this being ordered for post thyroid cancer?	No	
If ordered to evaluate a lump, please specify the location.	back of neck/head	
Reason for Exam	cyst- to determine depth	

Transcription Short Report

US SOFT TISS HEAD OR NECK (Order #166204511) on 6/20/19

Reason For Exam

Priority: Routine

cyst- to determine depth

Dx: Follicular cyst of the skin and subcutaneous tissue, unspecified [L72.9 (ICD-10-CM)]

Result Routing Audit Trail

Technologist Name

LUEBBERS, LAUREN M

Order Transmittal Tracking

US SOFT TISS HEAD OR NECK (Order #166204511) on 6/20/19

Reprint Report

US SOFT TISS HEAD OR NECK (Order #166204511) on 6/20/19

Doyle, Brian (MR # 58559881)

Encounter Date: 06/20/2019

Exhibit Two
JB Pritzker
Governor



John Baldwin
Acting Director

The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

MEMORANDUM

DATE: February 13, 2019

TO: Offender Brian Doyle, B41630

FROM: Angela Crain, RN Director of Nurses

SUBJECT: Collegial Appeal

Offender Doyle B41630 I am in receipt of your letter and as the acting HCUA I submitted a collegial appeal that included your history regarding your medical issue to Dr. Meeks, State Medical Director. Dr. Meeks, State Medical Director agrees that you need definitive treatment. Once we receive the authorization number from Wexford you will be scheduled with the general/plastic surgeon.

Siddiqui

Dr. Siddiqui, Facility Medical Director

Angela Crain RN DON

Angela Crain, RN Director of Nurses

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

Exhibit Three



January 11, 2019

Mr. Brian Doyle #B41630
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259

Subject: Your Recent Letter

Dear Mr. Doyle:

We are in receipt of your recent letter.

Please remember to follow the established sick call process and grievance procedure at the facility to have your medical concerns addressed.

Please be assured that the medical staff at Menard C.C. is comprised of qualified and dedicated professionals who are there to assist your medical needs.

Very truly yours,

Wexford Health Sources, Inc.
Risk Management Department



September 21, 2018

Mr. Brian Doyle #B41630
P.O. Box 100
Menard, IL 62259

Subject: Your Recent Letter

Dear Mr. Doyle:

We are in receipt of your recent letter.

Please remember to follow the established sick call process and grievance procedure at the facility to have your medical concerns addressed.

Please be assured that the medical staff at Menard is comprised of qualified and dedicated professionals who are there to assist your medical needs.

Very truly yours,

**Wexford Health Sources, Inc.
Risk Management Department**

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Housing Unit:

Bed #:

E-1-C9

Date: 8-17-18	Offender: (Please Print) BRIAN Doyle	AUG 17 2018	ID#: B41630
Present Facility: MENARD CORR CENTER	Facility where grievance issue occurred: MENARD CORR CENTER	327-8-18	
NATURE OF GRIEVANCE:			
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Disciplinary Report: / /		Date of Report	Facility where issued
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): <i>ON 6-27-18 I informed my gallery officer C/O Lindsey (gallery west house) I WAS HAVING PROBLEM WITH MY HEAD. AT THE TIME THE ENTIRE LEFT SIDE OF MY FACE AND HEAD WAS SWOLLEN C/O Lindsey RELATED THE INCIDENT TO Sgt Smith & TO CALL THE H.C.U Before sending me OVER THERE. THE H.C.U REFUSED TO TREAT ME SAYING THEY ARE AWARE OF MY PROBLEM WITH MY HEAD BECAUSE IT IS A CHRONIC PROBLEM AND TOLD Sgt Smith THAT I WOULD BE PUT ON SICKCALL. HOWEVER MY HEAD HAD NEVER BEEN THAT SWOLLEN AND WITHOUT BEEN EXAMINED BY NO ONE, Sgt Smith SAID HE INFORMED THEM ON HOW BAD IT WAS!</i>			
Relief Requested: <i>FIRST A DRY MANCELL SO I CAN HEAL THE HOLE CLEAN (2) TO HAVE SURGERY ON MY HEAD - (3) OR TRANSFERRED TO LINCOLN CORRCENTER OR DIXON CORRCENTER WHICH HAS A VERY GOOD H.C.U</i>			
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. <input type="checkbox"/> Check if this is NOT an emergency grievance.			
 Offender's Signature		B41630	08/14/2018
(Continue on reverse side if necessary)			

Date Received: 8-20-18	Counselor's Response (if applicable)	
	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: See attached response from Healthcare.	C. Richmond	
	Counselor's Signature	Date of Response: 12/3/18

EMERGENCY REVIEW	
Date Received: / /	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature	

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LATER THAT DAY WHILE DOING HER ROUND'S FOR INSURIT AROUND (Nurse) HEATHER McGEE ASK ME TO TURN AROUND AND SHOW HER MY HEAD SO SHE CAN GET A VISUAL, PUSS SHOT OUT MY HEAD RUN DOWN MY NECK (witness CP Lindsey inmate people who was my cellmate at the time) HOWEVER I WAS REFUSE TREATMENT AGAIN AND WAS TOLD SHE WAS GOING RIGHT AWAY A LET H.C.U KNOW THAT I NEEDED TO SEE A DOCTOR!

ON THE SAME DAY AROUND 8:00 PM A NURSE CAME TO MY CELL AND INFORM ME THAT I WOULD BE PUT ON SICK CALL FOR THE NEXT MORNING AND THAT NURSE PRACTITIONER MOLDENHOWER AND ORDERED ANTI-BIOTICS FOR ME, AND I INFORMED HER THAT I HAD NOT EVEN BEEN EXAMINED BY ANYBODY TO BE ORDERED MED'S THEN I SHOWED HER MY HEAD AND HOW BAD PUSS WAS RUNNING OUT YET AGAIN SHE DID NOTHING (AND ONCE AGAIN VIOLATING MY EIGHTH AMENDMENT RIGHTS UNDER THE UNITED STATES CONSTITUTION) ON 6-28-18 I WAS SEEN BY NURSE NICOLE WHO MADE THE ATTEMPT TO DRAIN THE PUSS FROM MY HEAD, THE PUSS WAS TO MUCH FOR HER IN THAT SMALL SICK CALL ROOM AND AT THAT POINT SHE CALLED H.C.U REQUESTING THAT I BE TAKEN TO THE H.C.U AT THE H.C.U I WAS SEEN BY FIRST AID NURSE WHO FINISH PUSHING A COT OF PUSS FROM MY HEAD

THE NURSE ALSO GOT HER A SAMPLE, AND LATER WHEN I GOT BACK FROM H.C.U. WAS INFORM THAT I WAS MOVING (RETALIATION) FROM THE PUSS THAT WAS PUT UP WHEN THEY TOLD ME I WAS NOT GOING TO SEE THE DOCTOR THE DAY BEFORE SEVERAL DAY LATER A NURSE CAME TO THE CELL AND TOLD ME THAT I WAS DIAGNOSED FOR THE INFECTION MRSA WHICH IS A VERY CONTAGIOUS INFECTION

THIS ALL STARTED FROM THE SWEAT Q-LANS TRAPPING THE HAIR UNDER MY SKIN years ago in Stateville (2000) I HAD A BUMP IN THE BACK OF MY HEAD THE DOCTOR MY 1ST INCISION IN MY HEAD PULLED THE HAIR AND PACK IT AND IT CLOSED. I WAS TRANSFERRED TO MENARD IN 2005 AND THE BUMP STARTED COMING BACK THE END OF 2008-2009 I INFORMED H.C.U AND ONCE AGAIN THEY MADE A SMALL INCISION DRAIN IT BUT THIS TIME THE HOLE DID NOT CLOSE (YES I HAD A SMALL HOLE IN MY HEAD SINCE 2009) BUT IT DID NOT BOTHER ME SO I SAID FORGET IT

IN 2016 I INFORMED H.C.U THAT I WAS HAVING A BIG PROBLEM BECAUSE THE BUMP HAD GOTTER OUT OF AND AND IT WAS STARTING TO BOTHER THE WAY I SLEEP I WAS ONLY GETTING 2-3 HOURS A DAY I WAS IN THAT MUCH PAIN

CONT' NEXT PAGE

PAGE 3

Date: 8-14-18	Offender: (Please Print) BRIAN Doyle	AUG 17 2013	ID#: B41630
Present Facility: MENARD CORR CENTER	Facility where grievance issue occurred: MENARD CORR CENTER	RECEIVED	

NATURE OF GRIEVANCE:

- Personal Property Mail Handling Restoration of Good Time ADA Disability Accommodation
 Staff Conduct Dietary Medical Treatment HIPAA
 Transfer Denial by Facility Other (specify): _____
- Disciplinary Report: / / Date of Report _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): *I WAS PUT IN TO SEE DR. TROST, WHO AT THE TIME NOTICE THE Hole was leaking And ordered DRESSING CHANGES And put me in TO SEE A Surgeon WHICH TOLD HIM THAT I Needed Surgery But WAXFORD DENIED Me Surgery SAYING TO Continue TREATMENT on site*

LATER THAT year I WAS SENT TO SEE A Surgeon Argiris WAXFORD Denied SAYING Continue TREATMENT on site NURSE SOUTH THEN inform THEM THAT THE puss Coming out of my HEAD MIGHT BE MRSA And I still Did NOT GET THE CARE I needed

Relief Requested: *FIRST A ONE MAN Cell SO I CAN Keep My Hole Clean (end) To Have Surgery on my Head 3rd OR TRANSFERRED to Lincoln OR DIXON Correctional Centers WHICH HAS VERY Good H.C.I.*

- Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
 Check if this is NOT an emergency grievance.

Brian Doyle
Offender's Signature

B41630 08/14/2018
ID# RECEIVED Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: / /	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: _____ _____ _____		
Print Counselor's Name	Counselor's Signature	Date of Response / /

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EMERGENCY REVIEW	
Date Received: / /	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature _____ Date _____	

I AM Currently Diagnosed for THE infection MESA . WHICH IS Very Contagious THIS IS AN ongoing problem WITH A Hole in my Head it very EASY for ANY kind of Germ's To Get into My Head AND THAT IS JUST WHAT Happen @ I AM Getting to old And CAN NOT DEAL WITH THE pain like I Could WHEN I WAS younger And THIS could POSSIBLY GET worse if it Get into My Blood Stream. And By people not wanting to DO THEIR JOB it ALSO GET very Dangerous for My Collie. WITH A Hole in my Head THAT HAS TURN TO MRSA Twice (2016 & 2018) I Should NOT Have A Collie we HAS TO SHARE A SINK in WHICH I HAVE to Worry About not just His Beem's BUT Mine TOO.

HE WASHES HIS CLOTHS BRUSHES HIS teeth WASHES HIS HANDS after using THE toilet ~~bed~~ AND WASHES HIS ~~bed~~ Bed's lot's of THing's THAT IS UNSANITARY AND VERY Dangerous for Me So DR Siddiqui WAS TRYING to HELP By Giving me Dressing changes Daily BUT Nurse Angie Walter DECIDED ON HER OWN THAT I Did NOT NEED it AND THAT I COULD DO it Myself well if INMATES Could Do medical work THEMSELVES we would NOT need NURSES like HER.

THE DR ORDERED THIS BECAUSE HE THOUGHT I NEEDED it SHE IS NO Doctor SHE CAME to my cell AND TOLD ME SHE WAS not going to clean my HEAD THAT THEY Give me CHLORHEXIDINE SHE WILL Give me COTTON SWAB AND I CAN DO it MYSELF. I inform HER THAT I WAS ON THAT AND I STILL got MRSA, Because I HAVE A Hole in my Head AND SHARING A SINK WITH Somebody AND in ORDER to keep ^{it} CLEAN THE Doctor ORDERED Dressing Cleaning AND it seem SHE IS THE ONLY one WITH THE PROBLEM of Cleaning my HEAD, THERE ARE A few Squalation one more me OUT of THE cellHouse SHE IS working (2) Give me A ONE man cell THAT way I know I Should NOT get Infected Again

OR (3) Give me A shower on THE GALLERY AND THEY DO NOT HAVE SHOWERS ON THE GALLERY in THE EAST house and I just Give me A Shower once ^{or} twice every day SO I CAN clean my Head THE clos is going ^{to} start Complain.

my problem is I AM Afraid THAT my collie ~~and me~~ Could Get infected it is already causing confusion Between US to THE point we DO NOT TALK TO ONE Another! But my Right's Has Been Violated During All This

EXHIBIT'S ATTACH

so you can see how long

I HAVE BEEN DEALING WITH THIS AND if you check my files IT GOES BACK further!

Bruce Rauner
Governor

John Baldwin
Acting Director



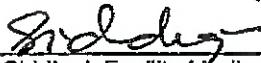
The Illinois Department of Corrections

Menard Correctional Center
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

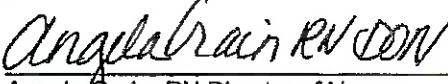
MEMORANDUM

DATE: December 1, 2018
TO: Clara Richmond, Correctional Counselor
FROM: Angela Crain, RN Director of Nurses
SUBJECT: Grievance #327-8-18 Doyle, Brian B41630

Dr. Siddiqui and I are in receipt of the grievance for Offender Brian Doyle B41630 Grievance #327-8-18 dated 8/14/2018 concerning medication treatment. The offender reports that he has ongoing issues with a "hole" in the back of his head since year 2000. I have reviewed the offender medical record and the first recent complaint of the area swelling on the back of his head was noted on 06/27/2018. The nursing documentation in the offender medical record indicates that the nurse assigned to the offender's cell house was completing the dressing change. The offender was admitted to Menard Infirmary on 11/06/2018 for treatment of the infected area. The offender was discharged from the infirmary on 11/17/2018. The offender continued to have issues with this area until 11/27/2018 at which time NP Lindsay discontinued the daily dressing change due to the area being closed. NP Lindsay has continued the hibiclens wash to the area daily. The offender should report any change to this area to the nurse assigned to his cell house via nurse sick call.



Dr. Siddiqui, Facility Medical Director



Angela Crain, RN Director of Nurses

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DEC 11 2018
MENARD CC
GRIVANCE UNIT

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/doc

(Handwritten signature and initials S3)

ILLINOIS DEPARTMENT OF CORRECTION
RESPONSE TO OFFENDER'S GR

Grievance Officer's Response

Date Received: 12/11/2018

Date of Review: 04/02/2019

Grievance # (optional): 327-8-18

Offender: Boyle, Brian

ID#: B41630

Nature of Grievance:

Medical - Treatment Of Hole In Head

Facts Reviewed:

Grievance dated 8-14-18

Offender grieves cell house staff contacted the Health Care Unit on his behalf on 6-27-18 regarding swelling to his face and head and was told he would be placed on sick call. Offender states he showed his head to the nurse later while she was making afternoon rounds and again later that night. Offender was advised he was on sick call for the next day and the NP ordered antibiotics. Offender was told he had MRSA. Offender refers to the history surrounding his head issues.

Offender attached 54 pages (renumbered by Grievance Office for tracking as attachments).

Relief requested: One man cell, surgery, transfer.

Counselor received and forwarded to the Health Care Unit for review and reply. The Health Care Unit advised the following in a response memo dated 1-29-19: Offender was referred (8-10-18) and not approved by collegial for a plastics evaluation. Per Dr. Ritz, offender was evaluated by plastics on 2-24-2017 and recommended conservative management. On 9-6-18 and 9-27-18 a request for wound care evaluation was not authorized by Dr. Ritz. On 10-26-18 he was not authorized for general surgeon and wound specialist. It was noted that blood sugar will need to be under control before patient is a surgical candidate. On 12-14-18 his case was presented in collegial for general surgery. Dr. Ritz did not approve and recommended better A1C control and Doxycycline.

Recommendation:

Kelly Pierce

Menard Correctional Center

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 04/04/2019

 I concur I do not concur Remand

Action Taken:

MOOT. Per Medical, offender was treated (including admitted to HCU) until area was noted as "closed" on 11-27-18. Offender advised to report any change to medical via sick call request.

Chief Administrative Officer's Signature

4-5-27

Date

Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date

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REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

An additional Health Care response dated 12-1-2018 states offender reports an ongoing issue with a hole in the back of his head since year 2000. The first recent complaint of the area swelling on the back of offender head was noted on 6-27-2018. The nursing documentation in the medical record indicates the nurse assigned to the offender cell house was completing the dressing change. Offender was admitted to the Menard Infirmary on 11-06-2018 for treatment to the infected area. Offender was discharged from the Infirmary on 11-17-2018. The offender continued to have issues with this area until 11-27-2018, at which time NP Lindsay discontinued the daily dressing change due to the area being closed. NP Lindsay has continued the Hibiclens wash to the area daily. The offender advised to report any change to his nurse assigned to his cell house via nurse sick call.

Offender should contact his assigned Counselor and request to be submitted for a transfer review. 0360 records indicate offender was last denied a transfer 4-27-2015. Transfers are an administrative decision.

Placement/housing is an administrative decision.

ILLINOIS DEPARTMENT OF CORRECTIONS

E-01-05

Administrative Review Board
Return of Grievance or Correspondence

Offender: <u>Doyle</u>	<u>Brian</u>	B41630
Last Name	First Name	MI
		ID#

Facility: Menard

Grievance: Facility Grievance # (if applicable) 327-8-18 Dated: 8/1/2018 or Correspondence: Dated: _____

Received: 4/18/2019 Regarding: Tr: Want transferred to Lincoln or Dixon for medical treatment of hole in head as of 6/27/18.

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- Provide dates when incidents occurred.
- Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:
Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- Contact your correctional counselor or Field Services regarding this issue.
- Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- Contact the Record Office with your request or to provide additional information.
- Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- This office previously addressed this issue on _____ Date _____
- No justification provided for additional consideration.

Other (specify): _____

Completed by: Dave White
 Print Name

Signature

4/22/2019
 Date

Greetings Administrative Review Board

By THE TIME you Receive This Letter I hope I find
you well!

THE REASON for THIS letter is to ReBut THE GRIEVANCE
officer Response to MY GRIEVANCE, first THIS IS
ABOUT THE HOLE THAT WAS IN MY HEAD, BUT THE HOLE
HOLE WAS NOT THE MAIN PROBLEM, IT WAS A PROBLEM
BUT NOT THE MAIN PROBLEM, THE SWELLING IN MY
HEAD HAS TRAP AN ENORMOUS AMOUNT OF HAIR
IN MY HEAD THAT KEEP getting infected, AND THE
HEALTH CARE UNIT HAS TO MAKE AN INCISION TO
DRAIN IT AND RELIEVE THE PRESSURE

CHECK MEDICAL files IN GRIEVANCE, IT HAS BEEN DONE
THREE (3) TIMES THE HOLE KEEP IT FROM SWELLING
SO MUCH BECAUSE IT WOULD DRAIN IT SELF!

THE HOLE WAS LEFT ON ONE OF THESE INCISION
WHEN WE WENT ON LOCKDOWN AND THEY REFUSE TO SEE
ANY BODY (see medical file)

BUT AS I SIT RIGHT NOW MY HEAD & FACE IS STILL
SWELLING, SO I WOULD LIKE TO MOVE THIS GRIEVANCE
FORWARD FOR YOUR HELP

THE REASON I ASK FOR A TRANSFER OR A ONE MAN
CELL WAS FOR MEDICAL REASON first THE TRANSFER WAS
TO SOMEWHERE I THINK WILL GIVE ME BETTER MEDICAL
TREATMENT THAN MENARD CORRECTIONAL CENTER

And The one Man cell is so My Head would not get infected Again, They say it closed now But they said THAT LAST Time And if you EXAMINE My Head carefully it would prove My point. Some of These people DO NOT need to Be in Health care! Attached is A copy of THE letter I received from THE Health care Administration. Stating THE H.R. And THE State Medical Director SAY THAT I Definitive need Medical treatment THAT WAS on feb 13 2019 it is April 13 2019 And I AM still in pain Also it Has An Attached form stating THE treatment But THE N.P. Has informed Workforce twice THAT THE Med's DO NOT WORK! And I need Surgery. Those paper Are in other Medical file Did not know if I could Add THEM OR NOT. CAN you please TURN THIS into A Emergency GRIEVANCE AND ANSWER IT Quickly! THANK you very much!

RECEIVED

APR 18 2019

ADMINISTRATIVE
REVIEW BOARD

BRIAN Doyle B41630
MENARD correctional center
P O Box 1000
Menard IL 62259

IN THE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS

Brian Doyle Plaintiff)
Vs.)
Steve Ritz et al Defendant)
Case No. New Complaint

NOTICE OF FILING

TO: U.S. Dist/ Court
southern dist/ illinois

TO: _____

TO: _____

TO: _____

PLEASE TAKE NOTICE that on Oct. 21, 20 19, I have placed the documents listed below in the institutional mail at Menard Correctional Center, properly addressed to the parties listed above for mailing through the United States Postal Service.
I E-filed the complaint And Exhibits At m.c. Law library

DECLARATION UNDER PENALTY OF PERJURY

Pursuant to 28 USC 1746, 18 USC 1621, or 735 ILCS 5/1-109, I declare under penalty of perjury that I am a named party in the above action, that I have read the above documents, and that the information contained therein is true and correct to the best of my knowledge.

DATE: 10/21/19

/s/ Brian Doyle
NAME: Brian Doyle
IDOC# B 41630
Menard Correctional Center
P.O. Box 1000
Menard, IL 62259